FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2002 8:00 am Secretary of State **DOCUMENT #** P96000089467 1. Entity Name 03-20-2002 90023 001 ***150 00 RICHARD S. ZAIFERT, P.A. Principal Place of Business Mailing Address 400 S.E. 18 STREET 400 S.E. 18 STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 US us 2. Principal Place of Business 3. Mailing Address 8000 Peters Road 8000 Peters Road Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite A-200 Suite A-200 City & State City & State 4. FEI Number Applied For 65-0705840 Plantation, Plantation, Florida Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33324 Fee Required 33324 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Richard S. Zaifert ZAIFERT, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 8000 Peters Road 400 S.E. 18TH STREET FT. LAUDERDALE FL 33316 Suite A-200 Zip Code 33324 Plantation, 8. The above named en the purpose of changing its registered office or registered agent, or both, in the State of Florida. Zaifert Richard S. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE D ☐ Defete TITLE Change ☐ Addition NAME ZAIFERT, RICHARD S NAME STREET ADDRESS STREET ADDRESS 2566 EAGLE RUN LN. CITY-ST-7IP WESTON FL 33327 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE --- Delete --TITLE Change ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with